



The **Regulation** and
Quality Improvement
Authority

Report on the RQIA Review of Intrapartum Care

South Eastern Health and Social Care Trust

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Chapter 1: Background Information

1.1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

The RQIA's main functions are:

- to inspect the quality of health and social care services provided by health and social care (HSC) bodies in Northern Ireland through reviews of clinical and social care governance arrangements within these bodies; and,
- to regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on minimum care standards, which ensure that service users know what quality of services they can expect to receive, and service providers have a benchmark against which to measure quality.

RQIA's Corporate Strategy for 2009 to 2012 highlights the key internal and external issues and challenges facing RQIA. This provides the context for the representation of RQIA's strategic priorities. Four "core activities" which are integral components of what the organisation does and are critical to the success of RQIA and the delivery of the strategy, are:

- **Improving Care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- **Informing the Population:** we publicly report on the safety, quality and availability of health and social care.
- **Safeguarding Rights:** we act to protect the rights of all people using health and social care services.
- **Influencing Policy:** we influence policy and standards in health and social care.

1.2 Context for the review

In 2008 25,631* live births were registered in Northern Ireland, the highest number recorded since 1992. The number of births increased over the previous six year period, from 21,385 in 2002. Table 1 shows the breakdown of births by Trust for 2008.

*Source: Registrar General 2009

Births by Trust	Single	Twin (x2)	Triplet (x3)	Total
NHSCT	4,362	64	1	4,493
SHSCT	5,806	98	0	6,002
BHSCT	6,529	110	4	6,761
SEHSCT	4114	55	0	4,224
WHSCT	3,980	56	1	4,095
				25,575

Table 1 Births by Trust 2008 (Source: Child Health System 2008)

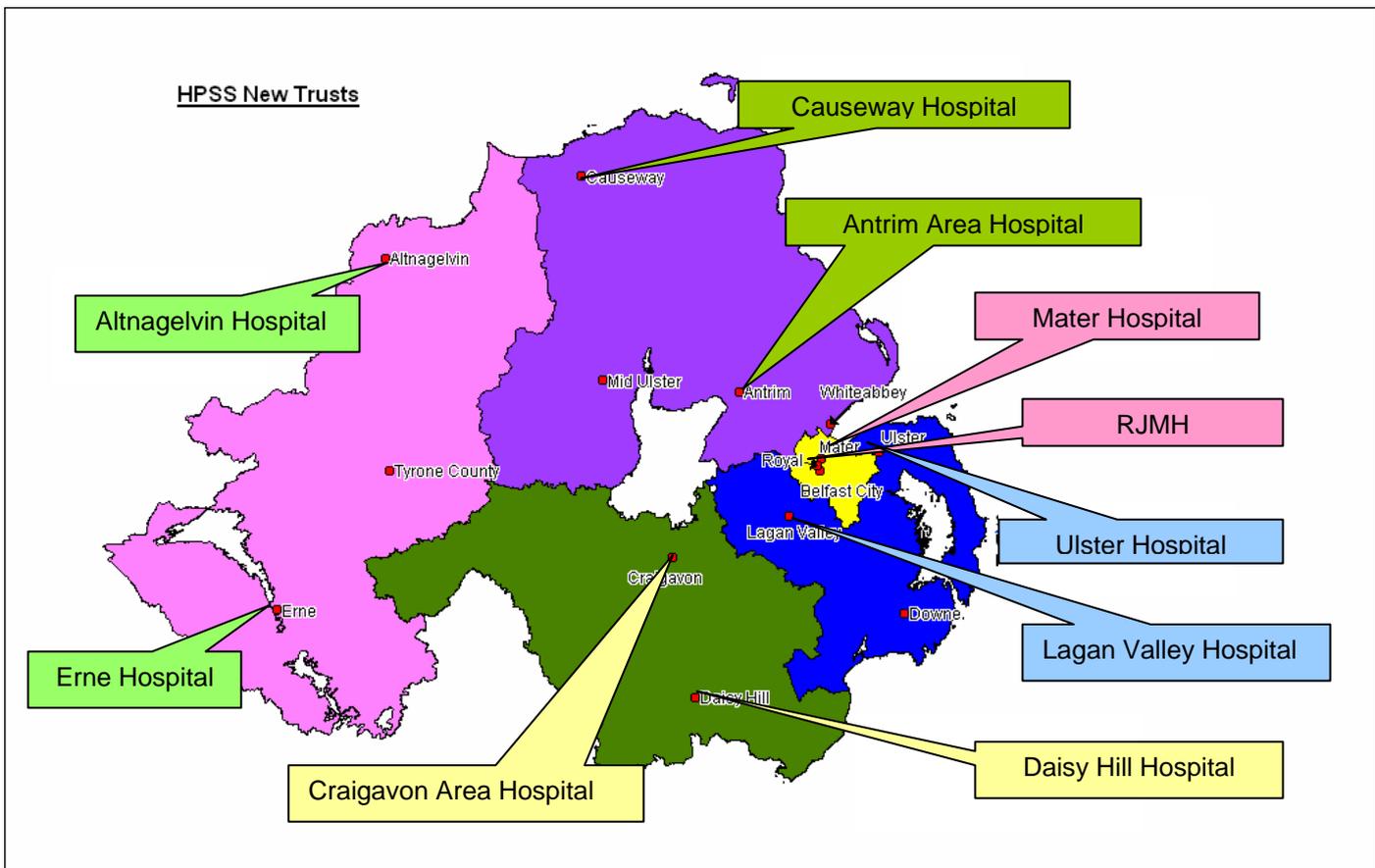


Figure 1 Location of Maternity Units by HSC Trust.

In October 2007, the Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour were published by the four Royal Colleges (Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Royal College of Anaesthetists and the Royal College of Paediatrics and Child Health).

The impetus for the report came from national audits and reviews of maternity services which highlighted poor outcomes related to multiprofessional working, staffing and training. This indicated the need for a fresh look at the organisation of care in labour (intrapartum care).

1.3 Current issues for maternity services in Northern Ireland

Over the last fifteen years the profile of maternity service provision in Northern Ireland has changed considerably. In this time services have been subject to a series of rationalisation initiatives with centralisation of intrapartum care onto ten sites (figure 1). Service development has also led to the development of two midwifery-led units attached to consultant led units at Craigavon and Ulster Hospitals and a further proposed stand alone midwifery-led unit at the new Downe Hospital.

Following the Review of Public Administration, five Health and Social Care Trusts came into existence on 1 April 2007. These organisations are responsible for the services formerly delivered by 18 trusts across Northern Ireland. Each trust provides in-patient and out-patient services and community midwifery services.

The Royal Jubilee Maternity Service in the Belfast HSC Trust, provides the regional neonatal service and is the regional referral centre for high risk and complicated pregnancies as well as providing primary and secondary services.

Births registered in Northern Ireland have reached their highest level since 1992, increasing pressure on existing units.

At the time of the review, proposals had been announced to re-profile services on the Lagan Valley Hospital site. The proposals outlined the potential cessation of delivery of consultant led services on the site with a resultant shift in births to other units including the Royal Jubilee Maternity, Craigavon, Antrim Area and Ulster Hospitals. The proposals also outlined plans to retain a stand-alone midwifery unit on the Lagan Valley Hospital site.

Other factors impacting on the delivery of maternity services include the increasing ethnic diversity in the population. While this is a factor across all trusts, the Southern Trust reported significant increases in the ethnic diversity of its resident population and a requirement to ensure that maternity services meet the needs of different groups.

Workforce issues have had a significant impact on service delivery. Across the UK concerns have been expressed about the changing age structure of the midwifery workforce and the resulting loss of the body of experience built up over time. In the year 2008 - 2009 trusts reported that 50 midwives (representing 4.06% of the midwifery workforce) had retired from the service across Northern Ireland. The number of retirements by trust ranged from 1 midwife in the Belfast HSC Trust to 22 midwives in the Southern HSC Trust.

A significant proportion of qualified and experienced midwifery staff are over the age of 50 years. Given that midwives can retire at 55, these figures represent a significant challenge for trusts in ensuring adequate midwifery numbers, skills, knowledge and experience in the next five years.

For doctors, a significant factor has been the introduction of the European Working Time Directive (EWTG) and its impact on the hours traditionally worked by medical staff. In addition an increasing number of female doctors choose to work in the field of obstetrics and gynaecology and some may choose to work flexible working patterns.

In recent years a number of high profile, adverse incidents have occurred in maternity services in Northern Ireland. This has led to increased demand for robust governance and risk management arrangements and a requirement for independent assurance on the quality and safety of maternity services.

In light of the above factors and completion of a range of reviews of maternity services in England, Scotland and Wales, RQIA determined that a review of maternity services in Northern Ireland should be undertaken. This review focused primarily on intrapartum care services, but also looked at the support for women during the initial phase of breast feeding.

Chapter 2: Methodology

2.1 Methodology

The methodology of the review was designed to elicit a range of perspectives on maternity services including:

- self assessment by trusts of the delivery of maternity services in relation to the Safer Childbirth Standards and the recommendations of the joint Chief Nursing Officer (CNO) / Chief Medical Officer (CMO) circular (DH1/08/133883) (Appendix 1),
- a survey of the views of mothers who had recently experienced maternity services; and,
- validation visits by members of a review team to meet managerial and clinical staff providing services and visit delivery suites in each hospital.

The review spanned the period January 2009-April 2009. Five individual reports were prepared in relation to intrapartum care in each trust, together with a Final Report setting out all of the recommendations from the review at that time.

2.2 Selection of standards

The planning for this review commenced in June 2008, at which time it was noted that there were no existing guidelines for intrapartum care in Northern Ireland. A decision was made at that time to use "The Safer Childbirth, Minimum Standards for the Organisation and Delivery of Care in Labour" (2007) as a standard framework to assess all five health and social care trusts. The review team considered that the standard statements and associated criteria provided a robust framework to inform a baseline assessment of intrapartum care, although they are not formally agreed standards for implementation in Northern Ireland. Chapter four of this report summaries the review team's findings in relation to the standards.

The recommended minimum Safer Childbirth Standards are based around ten key areas:

- organisation and documentation
- multidisciplinary working
- communication
- staffing levels
- leadership
- core responsibilities
- emergencies and transfers
- training and education
- environment and facilities
- outcomes

The review also took account of the recommendations of a joint CNO / CMO circular (DH1/08/133883) issued to the service, dated 24 October 2008, entitled 'Lessons from Independent Reviews of Maternal Deaths and Maternity Services' (Appendix 1). Chapter four of this report sets out the review team's findings in relation of the recommendations of the circular.

The review team also carried out an assessment of the level of support offered in the delivery suite to new mothers in breast feeding their babies.

The Chief Medical Officer circulated a letter on 12 August 2008 adopting the NICE Clinical Guideline, Number 55 Intrapartum Care for Northern Ireland. The NICE guidelines set out a range of governance criteria that have a degree of overlap with the 'Safer Childbirth Standards'.

2.3 The review team

The review team consisted of a lay reviewer and a panel of independent experts from across the United Kingdom. The team reviewed all five health and social care trusts to provide consistency to the review process. Their findings form the basis for this report.

Dr Brian Alderman	Postgraduate Medical Education and Training Board (London)
Ms Janet Calvert	Regional Breast Feeding Co-ordinator, Northern Ireland Health Promotion Agency (Northern Ireland)
Dr Carole Castles	Lay Reviewer (Northern Ireland)
Ms Jayne Jempson	Matron for Intrapartum Care, Portsmouth Hospitals Foundation Trust (Portsmouth)
Ms Sara Johnson	Head of Child Health and Maternity Care, National Patient Safety Agency (London)
Dr Kate Langford	Consultant Obstetrician, St Thomas' Hospital (London)
Dr Tahir Mahmood	Vice President Standards, Royal College of Obstetricians and Gynaecologists (Fife/London)
Ms Frances McMurray	Chief Executive, Northern Ireland Practice and Education Council (Northern Ireland)
Dr Geraldine O'Sullivan	Consultant Anaesthetist, St Thomas' Hospital (London)
Mr Phelim Quinn	Director of Operations and Chief Nursing Advisor, RQIA (Northern Ireland)
Dr Elizabeth Reaney	Consultant in Public Health, Confidential Enquiry into Maternal and Child Health (Northern Ireland)

2.4 Self Assessment - Level of Achievement (Standard Criteria)

Trusts were asked to assess themselves against the criteria in each of the Safer Childbirth Standards. Trusts were asked to indicate their level of attainment using the achievement scale in Table 2 and to support their self assessments with report-style narrative (of not more than 200 words) per criteria. Additional questions were asked, based on the requirements of other relevant standards, guidelines and circulars pertaining to intrapartum care.

TABLE 2

Level of Achievement	Definition
Unlikely to be Achieved	The criterion is unlikely to ever be achieved. <i>(A reason must be stated clearly in the trust's response)</i>
Not Achieved	The criterion is likely to be achieved in full but after March 2009. For example, the trust has only started to develop a policy and implementation will not take place until after March 2009.
Partially Achieved	Work has been progressing satisfactorily and the trust is likely to have achieved the criterion by March 2009. For example, the trust has developed a policy and will have completed implementation throughout the trust by March 2009.
Substantially Achieved	A significant proportion of action has been completed to ensure the trust's performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
Fully Achieved	Action has been completed that ensures the trust's performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

NB. It should be noted that where a trust has two maternity units with different achievement levels for a criterion, the achievement level stated in this report will reflect the lower level achieved.

Recommendations

Following assessment of the trust's performance the review team made a number of recommendations for improvement.

These recommendations are set out in two ways in chapter 7 of this report. They include:

- recommendations for the service across Northern Ireland; and,
- trust specific recommendations.

Chapter 3: Profile of South Eastern Health and Social Care Trust Maternity Services

The South Eastern Health and Social Care Trust came into existence on the 1 April 2007. The trust is an amalgamation of two former trusts and is an integrated organisation and thus provides a mix of both acute hospital services and community health and social services. Management of maternity services falls within the Woman and Acute Child Health Directorate within the trust.

The Directorate has responsibility for:

- Women's services (Maternity, Neonatology and Gynaecology)
- Acute Child Health
- Audiology
- ENT (Paediatric and Adult)

The profile of the maternity service consists of:

- 2 maternity units based at the Ulster Hospital and Lagan Valley Hospital.
- 6 community midwifery areas
- A neonatal service based at the Ulster site.

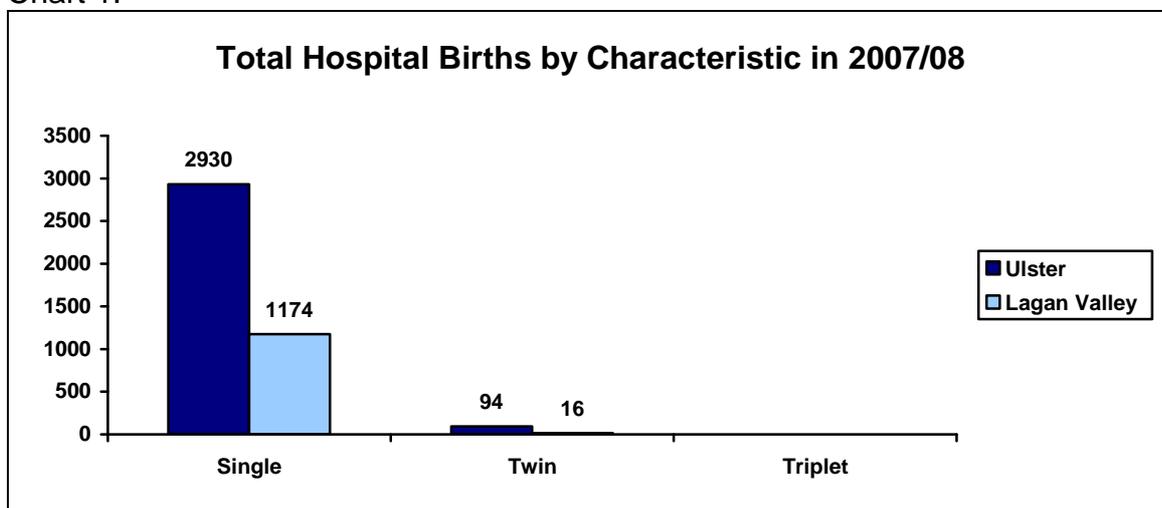
A stand alone Midwifery Unit is proposed to open in the new Downe Hospital, Downpatrick.

Trust Activity

Total Births

For the year ending 31 March 2008 the South Eastern Trust reported a total figure of 4224 births (including home births) encompassing 4114 single births and 55 sets of twins (110 births).

Chart 1.



Source: CHS

Home Births

The choice of home birth should be offered to all women¹. The South Eastern Trust can provide trained professional, midwifery and/or medical staff who are able to support home births. In the year 2007/08 fourteen requests for home birth were facilitated. In addition there were nine births outside of the hospital environment, which were unplanned.

Cross Boundary Flows

The majority of women will receive intrapartum care from the same organisation that cared for them during their pregnancy. However, there are instances of cross boundary flow of the resident population between trusts in Northern Ireland and trusts are required to coordinate this.

The South Eastern Trust provided figures for cross boundary flows. Antenatal care was provided for a total of 103 women (95 at the Ulster Hospital and eight at Lagan Valley Hospital) who went on to deliver elsewhere. The Ulster Hospital delivered 24 women who had received their antenatal care at another trust.

¹ Department of Health, Maternity Matters, 2007.

Chapter 4: Findings of the review team

The review team assessed the information provided by the trust and met with a range of senior executive and non-executive officers as part of the validation of the trust's self assessment return.

Standard 1: Organisation and Documentation

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.1	Comprehensive evidence-based guidelines and protocols for intrapartum care are agreed by the labour ward forum or equivalent, ratified by the maternity risk management group and reviewed at least every 3 years.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Partially Achieved

The trust has a labour ward forum chair person and two practice and development midwives who co-ordinate all policy documentation. The trust is currently using evidence based policies from legacy trusts. Multidisciplinary groups are reviewing all maternity policies to produce trustwide policies which are ratified via the Directorate Governance Committee. There are policy folders in every area which all staff can access and the audit of policies is dictated by national and regional guidelines and the audit department. There is a consumer representative on the labour ward forum and a yearly consumer satisfaction survey is undertaken.

The Woman and Acute Child Health Directorate has a strong incident reporting culture and there are regular critical incident review meetings. These often result in the recognition of a need for development of policies/protocols and procedures. The governance midwife provides feed back to senior management on issues arising, as required. The trust is currently merging polices and there is one designated lead for this. At the time of the review, policies were mostly in legacy trust format and staff reported that while there are some differences, these are not major across each unit. There is a practice development midwife on each of the hospital sites and certain key policies have already been harmonised. Once signed off, these are issued via hard copy and are placed on the trust's intranet. A programme for the harmonisation of policies has been agreed.

Guidelines are written by the practice development midwife with multidisciplinary involvement of all relevant clinicians. Guidelines are circulated to all clinicians and midwives for comment then redrafted for final approval. These are then signed off by the Clinical Director or the Assistant Director for Woman and Acute Child Health. The labour ward forum is a multidisciplinary group which discusses new polices or changes in practice. Policies are routinely reviewed on a three yearly basis, however, some have more specific annual review dates.

To ensure that new polices are disseminated to all midwifery staff, those specific to the labour ward are posted on the notice board and there is a signature list to confirm these have been read, however, this does not happen for all general trust policies. The signature lists are checked by the labour ward manager. For medical staff, an index of policies is given to all staff at induction and any changes are presented to staff in monthly meetings. The trust policy that governs policy development requires that all new policies are presented to and discussed by staff at team meetings. Junior medical staff have education meetings and there

is a monthly audit meeting, with multidisciplinary attendance, where new polices are tabled and discussed.

The review team noted that there was no arrangement in place for all staff to sign off on having read the relevant polices and felt that such an arrangement should be in place, particularly as staff have a contractual responsibility to read policies. The team noted that the maternity service did focus specifically on the core policies for midwifery staff on the labour ward, and had a system in place to highlight these to staff and for staff to record when they had read a particular policy. This system of prioritisation was recognised by the review team to be a good arrangement.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.2	A maternity risk management group meets at least every 6 months.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

The review team found that there was no specific risk management group in place for maternity services. There is, however, a maternity risk meeting that takes place at least every six months. Risk issues are reported to and from the governance committee to the trust's Risk Management Committee.

There are clear lines of operational and professional accountability to/from the Director of Hospital Services as a member of the risk management committee to the Assistant Director of Woman and Acute Child Health.

Professional lines of accountability are facilitated through lines of reporting to the Director of Primary Care, Older People and the Director of Nursing. The Medical Director is a member of the Risk Management Committee and provides a link to/from clinical directors within Woman and Acute Child Health.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.3	There is a written risk management policy, including trigger incidents for risk and adverse incident reporting.	Trust Level of Achievement Partially Achieved
		RQIA Assessment Substantially Achieved

The trust has a risk management policy in place. A governance midwife and a consultant lead for risk are in post to ensure continuous assessment of risk through staff awareness of

the risk triggers, which are posted in all areas. The trust also promotes an open and honest culture to encourage staff to report incidents. The trust provides feedback to staff to ensure lessons are learnt through multiprofessional reflective learning. On both the Lagan Valley and Ulster Hospital sites multidisciplinary post incident/near miss review meetings are held and recommendations are shared.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.4	There is evidence of multiprofessional input in protocol and standard setting and in reviews of critical incidents.	<p>Trust Level of Achievement Partially Achieved</p> <p>RQIA Assessment Substantially Achieved</p>

The practice development midwife and the labour ward forum facilitates protocol / standard setting for the trust. The directorate's governance committee meets monthly and there is also a multiprofessional incident review group which meets fortnightly in the Ulster Hospital and monthly in Lagan Valley, with representation from the Downe Hospital.

The review team confirmed that a governance midwife and a consultant lead for risk were in post, supporting governance within both the maternity and gynaecology directorates. There appeared to be a strong culture of incident reporting, supported by a list for trigger incidents. The review team also confirmed that the trust had multiprofessional input into critical incident review. Reflective learning is encouraged via monthly multiprofessional meetings and the presentation of incidents and trends.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.5	Meetings involving all relevant professionals are held to review adverse events.	<p>Trust Level of Achievement Substantially Achieved</p> <p>RQIA Assessment Substantially Achieved</p>

The directorate governance committee meets monthly; there are supervisors of midwives meetings and a labour ward forum, all of which are attended by ward managers. The minutes of meetings are fed back to staff at team meetings by ward managers. Regular reviews of incidents are undertaken by an incident group which meets fortnightly. The action plans are passed on to staff by ward managers and by the medical lead of the group. Serious incidents are reviewed by the trust's risk management department which holds weekly multidisciplinary group meetings.

The recently appointed clinical governance midwife is responsible for the incident reporting mechanism and reviews all incidents reported. There are monthly multiprofessional meetings

to review incidents, identify emerging trends and to develop action plans. New protocols and guidelines are presented at multidisciplinary directorate staff meetings where learning points are disseminated to staff. Staff are given advance notice of these meetings to promote good attendance. Cases are presented by senior house officers or midwives and are also fed back to ward managers to allow the learning to be cascaded to all staff.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.6	Past guidelines and protocols are dated and archived in case they are needed for reference at a later date.	Trust Level of Achievement Substantially Achieved RQIA Assessment Substantially Achieved

Both sites are currently using legacy trust policies for records management which includes the retention and disposal schedule. The Head of Midwifery is responsible for archiving documents and represents maternity on the trust's policy committee.

The review team found that records management policies and procedures from the legacy trusts are in place at each unit, the review team was satisfied however that a programme for the harmonisation of all policies had been agreed and work on this was progressing.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.7	The standard of record keeping and storage of data is clear, rigorous and precise. All units have access to computerised documentation systems, using recognised and acceptable programmes.	Trust Level of Achievement Substantially Achieved RQIA Assessment Substantially Achieved

The trust has guidelines on record keeping. The Northern Ireland Maternity Information System (NIMATS) is in use within the units and there are maternity hand held records for recording events and clinical decisions. The K2 software programme had been installed in the Ulster Hospital maternity unit and this will enable the recording of all intrapartum data including the Cardiotocograph (CTG) on the computerised system. It is intended that the K2 system will be implemented at the Lagan Valley maternity unit. The trust audits such documentation monthly as per the HQS standard 48.

With particular reference to Electronic Fetal Monitoring (EFM) and record-keeping, the trust was asked how it ensures accurate record keeping. The trust reported having a guideline in place and highlighted its involvement with a Patient Safety Initiative in regards to EFM. The perinatal collaborative will ensure that NICE guidelines (2007) are adhered to through audit.

The review team noted that a monthly continuous trust wide audit which examines all legal and statutory standards for record keeping is in place, but is not specific to the maternity service.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
1.8	<p>There is an evaluation of midwifery and obstetric care through continuous prospective audit to improve outcomes, which are published as an annual report.</p>	<p>Trust Level of Achievement Partially Achieved</p> <p>RQIA Assessment Substantially Achieved</p>

The remit of the Clinical Governance Midwife includes audit and quality improvement programmes. A named consultant is the audit lead for obstetrics and there is a trustwide audit report to which the directorate contributes. Outcomes of audit and risk reports are also discussed at the directorate governance committee, a multidisciplinary group responsible for agreeing the annual programme of audit.

The trust is working with the Patient Safety Forum with regard to the Priorities for Action (PFA) targets and participates in the national audit on caesarean section infection rates. The perinatal collaborative concentrates on Electronic Fetal Monitoring (EFM) and induction of labour, at a local and regional level. There is an on-going user audit at the Ulster Hospital maternity unit, for staff information purposes, all areas currently display compliments, suggestions and any complaints received.

The Trust has reviewed its practice in relation to Northern Ireland Healthcare Associated Infection Surveillance Centre (HISC) focusing on four specific care bundles. In the review of practice the care pathway was examined and updated to ensure the documentation element is present. The disparate HISC forms going from the hospital and community have now been unified and a single form is used, leading to improvements in care. Reflecting on the work in progress, the review team felt that the trust's self assessment score could be higher.

Standard 2: Multidisciplinary working

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
2.1	Local multidisciplinary maternity care teams, comprising midwives, obstetricians, anaesthetists, paediatricians, support staff and managers, are established.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Fully Achieved

The trust has two policies (Jump Call and Contacting Medical Assistance) in place. The trust has both a medical and midwifery induction programme. In the past there has been research carried out on multiprofessional teamwork within the Ulster Hospital unit (2003-2005) by the Head of Midwifery. The trust has a multidisciplinary approach to emergency drill training, clinical audit, incident and policy review. In relation to external work the Acute Strategic Planning Group (SPG) at commissioner level meets with the trust on a monthly basis and feeds into the trust's maternal and child health service planning group.

The trust clearly demonstrated good working relationships between multidisciplinary teams.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
2.2	A labour ward forum or equivalent meets at least every 3 months.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

The labour ward forum meets every two months. Membership of the forum includes a chairperson (labour ward obstetric lead), governance midwife, ward managers, community team leader, anaesthetic consultant, paediatric consultant, practice and development midwife, alongside consumer and junior medical representatives. Discussions include the introduction of new procedures for the labour ward and presentation of statistical information and outcomes, including caesarean section rates.

The trust has had a labour ward forum since 2002, to which a half a day every other month is dedicated. The primary focus of the group is the discussion of guidelines, protocols and risk management issues. Attendance is multidisciplinary and there is limited user input from a consumer group representative.

Standard 3: Communication

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
3.1	There are effective systems of communication between all team members and each discipline, as well as with women and their families.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

The trust has a full range of information leaflets, many available in minority languages. The trust also utilises interpreting services, care/birth planning care pathways, hand held maternity records and parentcraft classes to effectively communicate with service users. Input from the consumer group which meets quarterly has influenced the development of the midwifery led service. There are professional communication systems in place including verbal and written handover, formal referral to social services, team briefings and multidisciplinary representation on trust committees. There is also trust representation on commissioner groups.

The review team found that the home from home unit in the Ulster Hospital was very well informed via communication with its consumer group. In addition, there was effective two way communication between all staff groups in the home from home unit and the labour ward. The review team found that the trust had active maternity services liaison committees operational at Lagan Valley and the 'One Voice' consumer group at the Ulster Hospital. However, there is no primary care or commissioner representation on either of these groups. The Assistant Director for Woman and Acute Child Health attends the committee meetings at the Ulster Hospital site thus giving recognition at this level of management.

There is a centralised system for managing complaints. All complaints are copied to the Clinical Director for information. Individual responses are then collated and a comprehensive response is prepared for the Chief Executive's consideration. If a complainant remains unhappy with the response there are further avenues of redress, for example, a face to face meeting with staff. If necessary the contact details of the bereavement midwife is included in the letter to offer on-going support outside of the complaint process.

The review team concluded that communication between staff on each site is good. The review team also felt that staff within the trust communicated effectively with service users in relation to service improvements and developments, and handled complaints well.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
3.2	Employers ensure that staff have both appropriate competence in English and good communication skills.	<p>Trust Level of Achievement Substantially Achieved</p> <p>RQIA Assessment Substantially Achieved</p>

Competence in the use of spoken English is assessed at interview and competence in written English is assessed by the prospective employee's application form / experience. The trust checks competencies of midwives recruited from outside the European Union with the Nursing and Midwifery Council. When communicating with non English speakers, Northern Ireland interpreting services are used, when required. There is also FLEX (Foreign Languages for Export) and a phone service (The Big Word) which can be contacted in emergencies. The antenatal care pathway identifies first language and any communication disabilities, this is documented at booking. Other requirements are met through links with key workers and other departments within the trust. Communication with families was evidenced by the review team during visits to the trust's maternity units, and it was notable that staff were wearing their identification badges at both units.

Standard 4: Staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.1	Staffing levels are audited annually.	Trust Level of Achievement Partially Achieved RQIA Assessment Partially Achieved

NB. This Criterion was assessed for midwifery staffing only.

The system used to calculate midwifery staffing levels is the Telford system. The Assistant Director regularly requests reports from all areas with regard to staffing levels and there is an ongoing workforce planning review undertaken by the Assistant Director of Nursing.

The review team found that staffing levels are regularly reviewed and had been fully audited in 2005, however, it was felt that a further review should be undertaken using the Birthrate Plus methodology. Birthrate Plus is the tool of choice for the majority of maternity services in Northern Ireland. The Birthrate Plus standards are based upon NICE Guidelines for antenatal and intrapartum care and are regularly updated to reflect changes in care practices and policies.

Midwifery staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.2	Midwifery staffing levels are calculated and implemented according to birth setting and case mix categories to provide the midwife-to-woman standard ratio in labour (1.0–1.4 WTE midwives to woman) with immediate effect.	Trust Level of Achievement Partially Achieved RQIA Assessment Partially Achieved

The trust always tries to ensure that a sister and at least two or three senior staff are always on duty. Problems with recruitment of qualified midwives has meant that the trust has needed to look at developing skill mix through the deployment of maternity support workers. The trust has been working with the DHSSPS in developing a regional training programme for maternity support workers. The trust has proceeded with recruitment of eight maternity support workers and has developed a localised training programme. Maternity support workers can assist at caesarean sections and are now able to assist the midwives in this area. The trust outlined its aim to have one support worker on every shift.

In relation to the high dependency unit (HDU) in the Ulster Hospital and theatres in the labour ward, the trust is recruiting nurses with theatre and HDU experience. In theatre women are

accompanied by a senior midwife and there is a maternity support worker who scrubs. If there is no maternity support worker then a midwife will scrub. The senior labour ward sister will also go into theatre, if required, and all cases are risk assessed to determine if the senior midwife needs to scrub. The trust is employing nurses to care for women who are post operative section, thus allowing midwives to concentrate on midwifery tasks.

In relation to administrative support, the trust is planning to train NVQ workers to manage the NIMATS system to free up midwives. The review team concluded that the trust has addressed the skill mix recommendations and is using midwifery time appropriately to focus on one-to-one care and intrapartum care.

Obstetrician staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.3	<p>The duration of prospective consultant obstetrician presence on the labour ward are in line with the recommendations in this document.</p> <p>Note: Units should work towards the targets contained in The Future Role of the Consultant and with immediate effect.</p>	<p>Trust Level of Achievement Substantially Achieved</p> <hr/> <p>RQIA Assessment Substantially Achieved</p>

NB. This criterion is assessed against the position of the trust as outlined in table 3. RQIA recognise that these are proposed staffing targets.

The background to this recommendation is the recognition that the level of activity on the labour ward varies very little during a 24-hour period and that senior presence is therefore required for the totality of the working day, to support and train junior staff and to ensure high level decision making. From the obstetricians' point of view it is more protective for them if their commitment is formally recognised on a sessional basis and clearly reflected in their job plans.

It should be noted that these proposals relate simply to the increasing need for consultant time on the labour ward related to the numbers of births occurring within an individual unit. In reality, the issues are, or are likely to become, more complex. The number of births in a unit does not necessarily reflect the number of complex cases requiring consultant input. Further, reconfiguration of maternity care with the development of maternity networks may reduce the numbers of normal births within a unit whilst leaving the same number of complicated cases which will maintain a similar demand for consultant time. For these reasons, the calculations need to be interpreted carefully and with full regard to the local situation.

Table 3 below, adapted from The Future Role of the Consultant, indicates staff deployment required to provide safe care based on workload.

Category	Definition (births/year)	Consultant Presence (years of adoption)			Specialist Trainees
		60 hour	98 hour	168 hour	
A	<2500	Units to continually review staffing to ensure adequate based on local needs			1
B	2500-4000	2009	-	-	2
C1	4000-5000	2008	2009	-	3
C2	5000-6000	Immediate	2008	2010	
C3	> 6000	Immediate	Immediate if possible	2008	

Table 3. Proposed Obstetric staffing levels as outlined in the Safer Childbirth Standards

From the 1st August 2008 there has been 40 hour dedicated consultant cover (prospective) on both sites and the trust is currently working towards 60 hour consultant cover for the Ulster Hospital. Plans have been submitted to the commissioner for an extra consultant and midwives to cover the admission unit 24-hours per day, seven days per week, as a result of the increase in activity over the past year.

The review team found that the trust is using a 'consultant of the day' approach and is providing 40 hour cover on each site, which is prospective and works well. However, in the Ulster Hospital, the consultant who covers the labour ward is also covering gynaecology and there is an impact on the labour ward if there is a gynaecological emergency. Consultants have job plans in place to ensure that when on call they will not be required to perform major surgery the following day but they may be on duty. Staff cannot be on leave when they are consultant of the day. The Ulster Hospital should be moving towards 60 hour cover but is unable to achieve this with the present consultant complement. The trust has submitted a business case for two additional consultants to the DHSSPS. The trust indicated that it may not receive approval, given the proposed changes at Lagan Valley Hospital.

At present at Lagan Valley there is 40 hour prospective cover. The review team was concerned that Lagan Valley had a significant lack of middle grade or any doctor on duty at night. There is only one night per week when there is a registrar on duty and there is no experienced dedicated obstetric cover on site out of hours.

Across the trust junior medical staff and middle grade doctors are European Working Time Directive (EWTG) compliant. Specialist registrars (SpR) are just short of compliance but the trust has asked for an additional SpR to achieve compliance.

The review team recognised that, in terms of planning, proposals announced in relation to Lagan Valley Hospital may have a detrimental impact on recruitment and on the trust's capacity to sustain services on this site as the future proposals remain uncertain.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.4	Junior obstetric staffing levels will depend on the training opportunities as defined in the trainee's logbook.	Trust Level of Achievement Partially Achieved RQIA Assessment Partially Achieved

The trust has educational supervisors for staff. The trust has annual CPR training which is mandatory and specialist trainees attend Managing Obstetric Emergencies and Trauma (MOET), Advanced Life Support Training in Obstetrics (ALSO) and can access local training opportunities. There is a nominated consultant with responsibility for training.

The review team concluded that whilst there are training opportunities available for junior medical staff there are competing priorities between the uptake of training opportunities for doctors in training and the requirements to address the needs and priorities of the service and to comply fully with the requirements of the European Working Time Directive (EWTD).

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.5	Junior medical staff (obstetricians, anaesthetists and paediatricians) of appropriate competence are immediately available on the labour ward.	Trust Level of Achievement Partially Achieved RQIA Assessment Partially Achieved

NB. This criterion has been assessed in relation to availability of junior obstetric staff

The trust has a baton bleep system in use within the Ulster Hospital. In emergencies, all staff relevant to an incident are called using the baton bleep system. At Lagan Valley medical staff are allocated to the labour ward on a shift system and are immediately contactable using a dedicated bleep system.

Anaesthetist staffing levels

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
4.6	<p>A duty anaesthetist of appropriate competency and dedicated only to the labour ward must be immediately available.</p>	<p>Trust Level of Achievement Partially Achieved</p> <hr/> <p>RQIA Assessment Partially Achieved</p>

The role of anaesthetists in obstetrics has changed over the years, such that it is now unthinkable that they were once regarded as mere technicians to deliver anaesthesia for an emergency caesarean section and then leave the obstetric unit to fulfil duties elsewhere. Delivery of anaesthesia and analgesia is the mainstay of obstetric anaesthetic practice but it can only be done safely if the service is coordinated and organised. This requires a designated lead obstetric anaesthetist who takes responsibility for all aspects of the clinical service. Staffing levels need to recognise that emergencies happen frequently and often with rapidity, with a requirement to respond quickly in order to save mothers’ or babies’ lives. Much of obstetric anaesthetic practice is unplanned but, as well as timely response to emergencies, anaesthetic services also need to respond to elective operating such that it is not normally interrupted by emergencies.

All anaesthetists left in sole charge of the labour ward are either consultants or experienced registrars with four to five years experience, including obstetric anaesthesia. In Lagan Valley Hospital the anaesthetist covers both the labour ward and general clinical emergencies.

In the Ulster Hospital, there is dedicated anaesthetic cover, Monday to Friday on a 9.00am to 5.00pm basis. At night there is consultant cover in conjunction with providing cover in the main hospital, including theatres and ICU. There is a 2nd registrar on call for the unit who is also on call for ICU. At the Lagan Valley site there is no dedicated anaesthetist but consultant cover is provided Monday to Friday on a 9.00am to 5.00pm basis, in conjunction with providing cover for emergencies. Out of hours cover is provided by a 2nd consultant if required. Using the bleep system, the consultant can be available within five minutes. The review team concluded that the two tier rota does work well and the consultant is available if required, coming in from home if a woman requests an epidural. Midwives have been trained to do epidural top ups and skills and drills exercises, including spinal block scenarios. The trust indicated they would like to take forward a business plan to the commissioner for additional consultant anaesthetic posts.

Standard 5: Leadership

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.1	All obstetric units must have a lead consultant obstetrician and a labour ward manager.	<p>Trust Level of Achievement Substantially Achieved</p> <p>RQIA Assessment Fully Achieved</p>

The trust has a named lead consultant and labour ward manager in post. The consultant chairs the labour ward forum and both postholders attend key meetings within the trust. Agenda items are relevant to the labour ward setting in relation to safety and quality.

The review team confirmed that that trust had both a lead obstetric consultant and a labour ward manager in post. The lead consultant chairs the labour ward forum which has good multidisciplinary attendance.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.2	An experienced midwife (shift co-ordinator) is available for each shift on the labour ward.	<p>Trust Level of Achievement Fully Achieved</p> <p>RQIA Assessment Fully Achieved</p>

The Trust has a band 7 midwife on every shift, supernumerary to the numbers required to provide one-to-one care. There is also a labour ward shift manager in place at the Ulster Hospital. Lagan Valley has a band 7 midwife on duty for the majority of shifts, alternatively a midwife, with more than five years experience, is in charge. Across the trust there is 24-hour per day, seven days per week cover by a supervisor of midwives. An experienced shift co-ordinator is available to ensure there is a clear designated labour ward manager / lead.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.3	All midwifery units must have one WTE consultant midwife.	<p>Trust Level of Achievement Unlikely to be Achieved</p> <p>RQIA Assessment Not Achieved</p>

The trust does not have a consultant midwife currently employed. A business case had been previously submitted to the DHSSPS and to the commissioner, but no funding has been granted for this.

The trust had submitted a bid for a consultant midwife post for departmental approval, at the time when a number of consultant nurse posts were granted but the submission for the consultant midwife was turned down.

The trust looked at alternative ways to provide this within existing resources. There is a lead midwife, based at the Ulster Hospital, leading practice development within the service. There is also a lead for midwifery led care on the Lagan Valley site. These staff are supported by a number of specialist midwifery posts including practice development, bereavement, breast feeding and parentcraft midwives.

The review team found that the home from home unit has been a great success and the core culture has been well embedded with staff in the unit and with the local population. The trust has effectively worked around the lack of a consultant midwife post using its current staff compliment and innovative ways of working differently.

The review team is conscious that there appears to be no specific Northern Ireland policy on the appointment of consultant midwives and felt that the DHSSPS should address the development of this role. This is important, as midwifery led units are being proposed and developed at a time when intervention rates in labour in Northern Ireland are above World Health Organisation recommendations.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.4	All obstetric units must have one WTE consultant midwife to 900 low-risk women.	<p>Trust Level of Achievement Unlikely to be Achieved</p> <p>RQIA Assessment Not Achieved</p>

The trust does not have a consultant midwife currently employed.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
5.5	<p>For obstetric units, there should be a lead obstetric anaesthetist in charge of anaesthetic services with sessions which reflect the clinical and administrative workload.</p>	<p>Trust Level of Achievement Not Achieved</p> <p>RQIA Assessment Substantially Achieved</p>

There are lead anaesthetists in both of the trust's maternity units. The job description and job plan of each consultant is individually agreed with the clinical director. This is true for the lead anaesthetists in all areas. Job descriptions include for example specific duties within obstetric anaesthesia, signed off training assessments for anaesthetists in training on completion of the obstetric module and membership of labour ward forum.

Standard 6: Core responsibilities

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
6.1	Women in established labour receive one-to-one care from a midwife.	Trust Level of Achievement Substantially Achieved RQIA Assessment Substantially Achieved

The trust's aim is to work towards one-to-one care for women in established labour. There is an audit tool available and this standard was audited in 2008, with results being sent to the DHSSPS in January 2009. The review team found that one-to-one care was delivered across the trust. This is closely monitored and if there is a shortfall in the labour ward midwives are redeployed, as necessary in from the post natal and from the community teams to ensure cover is maintained. This situation is not ideal but the midwives recognise that it is necessary to provide safe and effective care to women during labour.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
6.2	Outside the recommended minimum 40 hours of consultant obstetrician presence, the consultant will conduct a physical ward round as appropriate at least twice a day during Saturdays, Sundays and bank holidays, with a physical round every evening, reviewing midwifery-led cases on referral.	Trust Level of Achievement Substantially Achieved RQIA Assessment Substantially Achieved

The trust has medical handovers which occur at 08.30am, 13.00pm, 17.00pm, and 21.00pm hours within the labour ward. The contact numbers for consultants on call are situated on the labour ward notice board for ease of access and are located on the medical rota. A second consultant can be contacted for advice, or if their physical attendance is required.

The review team was told of the 'consultant of the day' initiative which has been in place across the trust since 2008. This system ensures that consultants have set sessions and there is always a named consultant with responsibility for the labour ward. This means the trust can deliver 24-hour cover, with on call cover during the night. The review team noted that the contact numbers for consultants were clearly displayed on the labour ward.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
6.3	All women requiring conduction or general anaesthesia are seen and assessed by an anaesthetist before an elective procedure.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Fully Achieved

Trust guidelines for referral to an anaesthetist are in place. Elective cases that need a general anaesthetic will be seen antenatally by an anaesthetist. At the Ulster Hospital the anaesthesia assistants are fully trained technicians or anaesthesia nurses, who rotate through maternity as part of their overall hospital duties. Recovery post anaesthesia is monitored by trained midwives in a designated recovery area. Theatre set up is as for general theatres in the hospital, the scrub team consists of midwives and maternity support workers who have been specifically trained to undertake this role. The observation chart used in recovery has been adapted from that for general recovery / High Dependency Unit as appropriate. At the Lagan Valley Hospital women in labour use the general theatres but midwives are responsible for recovering the women with the support of general nurses.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
6.4	A professional (midwife, neonatal nurse, advanced neonatal nurse practitioner, paediatrician) trained and regularly assessed as competent in neonatal basic life support must be immediately available for all births, in any setting.	Trust Level of Achievement Fully Achieved
		RQIA Assessment Fully Achieved

The trust has yearly CPR/Neonatal resuscitation training which is mandatory. There is a policy on resuscitation of the newborn and neonatal workshops and the neonatal life support course are also available.

The review team found that appropriate levels of cover are provided, with a middle grade neonatologist available on site at all times, with out of hours on call cover being provided. The review team did find some issues regarding the recording of training records, there is no comprehensive database and therefore no way of making sure everyone has completed the necessary training.

Standard 7: Emergencies and transfers

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.1	There are local agreements with the ambulance service on attendance at emergencies or when transfer is required.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Partially Achieved

There are legacy trust policies in place on transfer of patients to other hospital/facilities and the policy on home confinement.

The trust has no 'flying squad' service for transfer in place. Depending on the geography of the patient, the trust works co-operatively with the Royal Jubilee Maternity Hospital utilising its service and if this is not possible the Northern Ireland Ambulance Service is used. On some occasions, depending on the urgency of the case, transfers can commence and the flying squad can be met on the way. There are good links with the flying squad and they do have an anaesthetist on call for emergencies where an escort is required for transfer. The review team confirmed in discussion with staff on the ward that relationships with the Northern Ireland Ambulance Services are good and that transfers are usually completed without difficulties.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.2	Complicated births in obstetric units are attended by a consultant obstetrician.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

The trust has a policy for contacting medical assistance which gives clear instruction to medical staff on when to contact the consultant. There are guidelines and a policy on transfers to an Intensive Care Unit bed, the Home from Home unit, for maternal transfer and on high risk transfer criteria. There is also an emergency bleep system in place.

At the Lagan Valley Hospital there is limited middle grade availability therefore there is consultant presence for complicated births. There is also an emergency bleep system in place to alert all relevant medical staff.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.3	The consultant obstetrician must be contacted prior to emergency caesarean section and must be involved when a patient's condition gives rise for concern and attend as required.	Trust Level of Achievement Fully Achieved RQIA Assessment Fully Achieved

The trust has a policy for contacting medical assistance. Junior medical staff must contact the consultant on call for all deliveries that occur in theatre. If they cannot contact the consultant on call they must contact another consultant and fill out an incident form. There is always a resident paediatrician on call. At Lagan Valley, all theatre cases are discussed with or attended by a consultant. The responsibility for neonatal resuscitation is initially with the midwife, supported by the consultant anaesthetist (2nd on call available) and the consultant obstetrician.

The review team was satisfied that robust procedures are in place for contacting a consultant, which included a clearly defined list of situations which trigger the need to call senior medical assistance. This was felt to be an exemplar of best practice.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.4	The anaesthetic team's response time is such that a caesarean section may be started within a time appropriate to the clinical condition (this requires all team members to be informed of the case appropriately)	Trust Level of Achievement Substantially Achieved RQIA Assessment Substantially Achieved

This standard is met as per the Royal College of Anaesthetists guidelines and monitored through audit, which was last completed in 2006 and planned again for 2009. There is an emergency bleep system in place in the Ulster Hospital to ensure a rapid response for all the relevant professionals, depending on the situation. At the Lagan Valley Hospital response times are audited annually. It was noted that at the Lagan Valley Hospital, cover is provided by a consultant anaesthetist, as there is no middle grade available.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.5	As a target for best practice (because regional anaesthesia is safer than general anaesthesia for caesarean section) more than 95% women should receive regional anaesthesia for elective caesarean section and more than 85% women should receive regional anaesthesia for emergency.	Trust Level of Achievement Substantially Achieved <hr/> RQIA Assessment Substantially Achieved

The trust's reported figure for the total number of caesarean sections for the year ending 31 March 2008 was 707. Of these, 92% of elective caesarean sections had regional anaesthesia and 86% of emergency caesarean sections had regional anaesthesia. The review team confirmed that the trust is maintaining best practice levels of analgesia.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.6	There must be 24-hour availability in obstetric units of senior paediatric colleagues who have advanced skills for immediate advice and urgent attendance, who will attend within 10 minutes.	Trust Level of Achievement Partially Achieved <hr/> RQIA Assessment Not Achieved

In its self assessment the trust reported holding neonatal workshops three times a year and a neonatal life support course is available for all staff. At the Ulster Hospital there is 24-hour registrar cover and two full time Advanced Neonatal Nurse Practitioners (ANNPs). At the Lagan Valley Hospital there is no paediatric cover, however all consultant obstetricians are MOET and NLS trained which includes advanced neonatal life support. The review team confirmed that the trust is meeting this standard in the Ulster Hospital, but not at Lagan Valley Hospital.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.7	There must be 24-hour availability in obstetric units within 30 minutes of a consultant paediatrician (or equivalent SAS grade) trained and assessed as competent in neonatal advanced life support.	Trust Level of Achievement Partially Achieved <hr/> RQIA Assessment Not Achieved

A consultant paediatrician is available within 30 minutes, all of whom have extensive neonatal life support training and experience. The review team confirmed this is in place at the Ulster Hospital however at the Lagan Valley Hospital such cover is provided by consultant obstetricians who are trained in advanced neonatal life support.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
7.8	<p>A consultant obstetrician should be available within 30 minutes outside the hours of consultant presence.</p>	<p>Trust Level of Achievement Fully Achieved</p> <hr/> <p>RQIA Assessment Fully Achieved</p>

There is 24-hour cover by a consultant on call and all consultants reside within 30 minutes of the unit. Handover takes place at 8.30am and therefore is not out of hours.

Standard 8: Training and education

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
8.1	There should be adequate clinical support and supervision for newly qualified midwives, junior doctors and students.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

The trust adheres to its policy for induction which is supported by a midwifery / medical induction programme / booklet.

In relation to medical staff the trust holds theoretical teaching sessions twice weekly with good attendance reported. Some medical staff do miss out on some training, due to the requirements of the European Working Time Directive. To supplement these teaching sessions bed round training is provided. In discussion with staff on the labour ward, the review team was told of the increasing service commitment, however, junior doctors did report that they felt well supported, that they were almost always able to attend the twice weekly training and that a consultant was almost always in attendance. Overall there is recognition of the pressures in balancing service delivery with time to train and teach and the trust has indicated that some further work is required to achieve an appropriate balance.

Overall the review team felt the trust had demonstrated a significant commitment to training and education. The trust employs a retired consultant to teach undergraduates, it is hoped this can be expanded to include junior doctors in the teaching programme. The trust also has college tutors on both sites and one tutor attends regional training in Antrim each month. There is a mentorship programme for new midwives, which has now been expanded to two years.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
8.2	Multiprofessional in-service education/training sessions should be mandatory and attendance documented.	Trust Level of Achievement Substantially Achieved
		RQIA Assessment Substantially Achieved

There is weekly multiprofessional training and ongoing multidisciplinary mandatory training at the Ulster Hospital. Multiprofessional workshops are held on a weekly basis, while multidisciplinary emergency drills are held monthly. At the Lagan Valley Hospital there is monthly multidisciplinary training and a database is maintained of attendees, which is shared with line managers and the supervisor of midwives for use at annual reviews. The Practical

Obstetric Multi-Professional Training (PROMPT) course is also being piloted in the Lagan Valley Hospital.

The review team raised a concern that mandatory training undertaken in their own time was based on the goodwill of staff while it was noted that other trusts allow this time to be reclaimed. The review team identified an inconsistent approach across Northern Ireland and felt there should be an agreed regional policy on the provision of protected time for training.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
8.3	A personal logbook of attendances should be kept and cross-referenced to midwives' and doctors' rotas, sickness and annual leave.	Trust Level of Achievement Partially Achieved RQIA Assessment Substantially Achieved

Midwives training records are kept on the NIMS system. The role of the supervisor of midwives is to ensure staff are competent before signing off their intention to practice form. For medical staff, a log of attendance is maintained. Training for consultants is followed up at annual appraisal and a local database is maintained.

The review team concluded that the trust has a comprehensive programme of supervision and appraisal in place. This is not yet cross referenced with sickness and annual leave in order to ensure attendance by all.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
8.4	There should be provision for support of new staff entering the environment of the birth setting.	Trust Level of Achievement Substantially Achieved RQIA Assessment Substantially Achieved

An induction programme is available for all staff and the trust has developed a range of supporting information leaflets. New staff are supported by line managers, supervisors of midwives, practice development midwives, mentors and a designated consultant obstetrician.

New midwifery staff are provided with an induction booklet detailing specific tasks and are assigned one or two preceptors who work at least two shifts with them and sign off competencies. At each site newly appointed midwives rotate throughout different working environments.

In order to assess the trust's approach to training and supervision, the review team discussed the provision of training in the use and interpretation of Cardiotocography in Intrapartum Fetal

Surveillance. The trust reported having mandatory K2 training yearly and CTG meetings monthly, both of which are multidisciplinary and attendance records are kept. These can be viewed by managers as required. The Advanced Life Support Training in Obstetrics (ALSO) course is offered to staff and instructors are available on site. There is a clear system for reporting equipment / device problems to ensure prompt repair. Service records are kept at ward level and managed through the Estates Department to ensure they are kept up to date. Equipment training and competency is assessed, recorded and kept on file in the ward areas. Competence is assessed through staff appraisal, learning contacts and the role of the supervisor of midwives. At present the Lagan Valley Hospital has quarterly CTG training and has access to external training. It is planned to roll out K2 training to the Lagan Valley site in the near future.

Standard 9: Environment and facilities

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
9.1	Facilities should be reviewed at least biannually and plans made to rectify deficiencies within agreed timescales.	Trust Level of Achievement Substantially Achieved RQIA Assessment Substantially Achieved

The trust has a consumer group which meets quarterly and had input into the new build at the Ulster Hospital. The requirements of the Disability Discrimination Act in respect of disabled access were taken into consideration in the design of the new building. The maternity unit was built in 2006 and the building was designed to comply with building regulations and specific related health service guidance concerning disability requirements. At Lagan Valley Hospital an environmental facilities report has been submitted to the commissioner with outline plan for improvements.

The review team was complimentary of the excellent environment on both sites. The unit at the Ulster Hospital is newly built. The unit at Lagan Valley is currently being refurbished and the trust is actively pursuing actions identified by the recent environmental facilities report at Lagan Valley. The review team did express concern that there are only five delivery rooms in the obstetric unit at the Ulster Hospital and that the lack of an induction / reception room may be detrimental to those women who require elective caesarean section. The trust should consider the viability of having an induction/reception room.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
9.2	The audit process should involve user groups and a user satisfaction survey.	Trust Level of Achievement Substantially Achieved RQIA Assessment Substantially Achieved

An audit was ongoing of the current facilities within the new unit at the Ulster Hospital. In addition to this, there has been an environmental cleanliness audit programme undertaken throughout the trust. Locally the most recent user audit was in relation to the bereavement support service. Areas identified for improvement by users were increasing staff awareness, standardising care during pregnancy and more awareness into the post mortem process. In response to this, link nurses/midwives have been identified across the trust and there will be a new induction and update training for all staff and more training for medical staff in regard to post mortem.

During the review visit the review team found significant evidence of communication with service users which has informed the planning of facilities. There is a consumer group which meets quarterly and this group was at the forefront of informing the trust during the new build at the Ulster Hospital.

CRITERION	DESCRIPTION CONTAINED IN SAFER CHILDBIRTH STANDARDS	
9.3	Dedicated and appropriate facilities for bereaved parents should be available.	Trust Level of Achievement Fully Achieved
		RQIA Assessment Fully Achieved

The directorate has a bereavement support midwife, who specialises in supporting parents when a baby has died. This support is available for parents in maternity, gynae wards and the children's wards, from the time bad news is broken to follow up counselling in the patient's home. Regular bereavement training for staff is available. A bereavement care pathway has been developed for holistic physical, emotion and spiritual care of bereaved families. A liaison group for bereaved parents was established in 2007 and the trust has a policy on pregnancy loss, stillbirth and neonatal death. Leaflets are available on the role of the bereavement support midwife. Bereaved parents are cared for in a single side room in all areas.

The review team was impressed by the facilities available at the Ulster Hospital for women who have experienced bereavement and were pleased to hear that the unit at Lagan Valley is currently being refurbished, with the aim of improving bereavement facilities at the site. The review team was also very impressed with the appointment of a bereavement support midwife who offers support to parents and also to staff who have been involved in bereavement.

Other environmental issues reviewed

All delivery rooms, five in the Ulster Hospital's labour ward and seven in the home from home midwifery led unit and the remaining four rooms at the Lagan Valley Hospital, are equipped with suction equipment, oxygen and anaesthetic gases, however the five rooms on the labour ward are not designed to allow clinical equipment to be hidden. Rooms with bars and ropes (natural birthing aids) are not available at Lagan Valley Hospital but these are available in the Ulster Hospital as part of a mobile unit. All rooms in the Ulster Hospital have en-suite facilities but only one of the four rooms in Lagan Valley has en suite facilities. The rooms across all units do provide a comfortable chair and all have space for a birthing mat.

The trust has seven fixed birthing pools at the Ulster Hospital and one at Lagan Valley Hospital. In the Ulster Hospital, 5% of women delivered, used this option for pain relief. In the Lagan Valley Hospital, 2% of women delivered used the birthing pool for pain relief. The Ulster Hospital has 50 midwives trained to support women who choose to give birth in water and six midwives are being trained at the Lagan Valley Hospital where the service is in the early stages of implementation.

The trust reported that its culture is to promote choice and normality with trained staff competent in all aspects of midwifery/obstetric care, and to have facilities that provide care to both high and low risk women. The introduction of a new state of the art maternity unit, which involved consumers in the planning, provides all these facilities. The Lagan Valley Hospital had its clinical environment refurbished in 2003 creating a low tech homely environment with single/double rooms with ensuite facilities and waterbirth facilities. Users were involved in the refurbishment plans.

Standard 10: Outcomes

In relation to the audit of outcomes, trusts were asked to outline how and when data is collected and disseminated. Trusts were also asked to identify who is responsible for taking action when problems emerge. In its self assessment return the South Eastern Trust stated there is a quarterly audit of statistics which is reviewed by the Assistant Director, Head of Midwifery and the Clinical Director. Data is collected for each of the criterion mentioned using various forms, the NIMATS system, incident reporting forms and perinatal / CTG / incident reporting meeting. There is also audit and annual perinatal stats meetings. These meetings are multiprofessional and multidisciplinary. Action is disseminated to staff through these meetings. The trust is also working towards developing a maternity dashboard.

The review team explored the effectiveness of the NIMATS computerised information system. The trust has a dedicated administrative support manager for the system and has indicated that, while it is time consuming to retrieve data, the trust is able to obtain good quality information from the system. The trust is using this information effectively and is working towards the development of a maternity dashboard and it has based its audits and practice on the NIMATS information. Staff appeared to be well informed and were able to provide statistical information to the review team.

In addition to the initial profiling exercise a member of the expert review team requested some additional detailed statistical information to include: -

- mode of delivery by gestational age
- caesarean section rate by gestational age
- post partum haemorrhage (blood loss >1000ml) against mode of delivery
- apgar scores <7 by gestational age
- birth weights by mode of delivery
- hysterectomy in during or following birth
- number (percentage) of singleton births to diabetic mothers
- onset of labour and outcome of births
- indications for elective caesarean section

Unfortunately this could not be provided by any trust, given both limitations in the availability of the NIMATS system across trusts and limitations of the system itself in providing a more detailed breakdown of information. The review team recommended that the DHSSPS, Department of Information Systems and trusts work together to ensure that in the future the NIMATS system is capable of producing statistical information in greater detail.

Chapter 5: Assessment of progress against the recommendations of the Departmental Circular (DH1/08/133883)

Following investigations into two maternal deaths in the Northern Health and Social Care Trust the Chief Medical Officer and Chief Nursing Officer issued a circular on 24 October 2008 entitled 'Lessons from Independent Reviews of Maternal Deaths and Maternity Services'. This circular sets out 31 recommendations for action by health and social care organisations. As part of the review into maternity services RQIA made an assessment of these recommendations.

DHSSPS Recommendation 1.

Trusts should produce a clear trust-wide multiprofessional shared vision and maternity services strategy, including leadership structure and style.

The trust does have an inherited maternity strategy from the legacy trusts. Work on developing this for the new combined trust had been delayed until the trust is clearer on the proposed future of the Downe and Lagan Valley units. Work has now begun on this and a multidisciplinary workshop is planned to look at the development of a combined strategy. A key aim will be to build on the success of the home from home unit and to roll out antenatal booking into the community. The review team found that the trust is clear in its vision for the future, but they need to confirm the details and document this.

DHSSPS Recommendation 2.

Trusts should develop an overall patient pathway or design for maternity services that makes best use of existing resources to deliver efficient, safe care. This should include appropriate use of the skills of midwives and obstetricians.

The trust has guidelines and pathways of care to ensure safe and appropriate care of women, which include Professional Care for Low Risk Women in Labour, Urgent Transfer of Women from the Home from Home unit, the Transfer of Care form and a policy for the identification of risk factors in child bearing women. A caesarean section care pathway and a normal birth pathway are also in place.

DHSSPS Recommendation 3.

Trusts should develop multiprofessional labour ward forums in which obstetricians, midwives, neonatologists, anaesthetists, nurses, managers and others come together to continuously review and improve the maternity service e.g. through review of near misses, adverse incidents, samples of electronic foetal monitoring traces.

The labour ward forum meets every two months. Membership of the forum includes a chairperson (labour ward obstetric lead), governance midwife, ward managers, community team leader, anaesthetic consultant, paediatric consultant, practice and development midwife alongside consumer and junior medical representatives. Discussions include the introduction

of new procedures for the labour ward and presentation of statistical information and outcomes including caesarean section rates.

DHSSPS Recommendation 4.

The leadership and management structure of maternity services should have clear accountability at directorate, ward, labour ward and clinic levels. The structure and leadership style need to create open, constructive challenge and evidence based environment in which safety, efficiency and best practice will flourish.

During the course of the review the trust demonstrated an effective leadership and management structure at all levels for maternity services. Further information on this issues is discussed in the analysis of standard 1.

DHSSPS Recommendation 5.

Trusts should develop effective Maternity Services Liaison Committees that include staff, service users, commissioners and other stakeholders to design, review and develop maternity services.

The trust has recently re-established the MSLC at the Lagan Valley Hospital site. At the Ulster Hospital the MSLC is known as the 'One Voice' group, this group has many different strands of membership and is a joint site forum based at Ulster Hospital. The group meets four times per year. Women are provided with information on the group in a leaflet given at antenatal and on discharge. The trust reported that there has been significant input from this group when designing the new unit and many features were included as a direct result of user input

DHSSPS Recommendation 6.

Maternity services should have clear links to trust governance arrangements and robust monitoring of safety and risk management. Services should be able to demonstrate improvements arising from issues reported by any member of staff.

Risk issues are reported to and from the departmental governance committee to the trust's risk management committee. There are clear lines of operational and professional accountability to/from the Director of Hospital Services as a member of the risk management committee to the Assistant Director of Woman and Acute Child Health. Professional accountability lines are met through appropriate links to the Director of Primary Care, Older People and the Director of Nursing. The Medical Director is a member of the risk management committee and provides a link to/from clinical directors within Woman and Acute Child Health.

DHSSPS Recommendation 7.

Maternity services should have one designated person to coordinate, record and audit multiprofessional training. Senior managerial support is required to develop training in multiprofessional teams and strengthen working relationships.

The trust has a designated person coordinating multiprofessional training. There is weekly multiprofessional training and ongoing multidisciplinary mandatory training at the Ulster Hospital. Multiprofessional workshops are held on a weekly basis, while multidisciplinary emergency drills are held monthly.

At the Lagan Valley Hospital there is monthly multidisciplinary training and a database is maintained of attendees, which is shared with line managers and the supervisor of midwives for use at annual reviews. The Practical Obstetric Multi-Professional Training (PROMPT) course is also being piloted in the Lagan Valley Hospital.

DHSSPS Recommendation 8.

All policies and guidelines should be developed and reviewed annually by a multiprofessional working group.

Guidelines are written by the practice development midwife with multidisciplinary involvement of all relevant clinicians. Guidelines are circulated to all clinicians and midwives for comment then redrafted for final approval. These are then signed off by the Clinical Director or the Assistant Director for Woman and Acute Child Health. The labour ward forum is a multidisciplinary group which discusses new policies or changes in practice. Policies are routinely reviewed on a three yearly basis, however, some have a more specific annual review date. All policies include the review date at the beginning of the document.

DHSSPS Recommendation 9.

Statutory supervision of midwives is a unique part of ensuring safe practice and protection. The recommended ratio of one supervisor to 15 midwives must be achieved in order to comply with the annual supervision arrangements.

The South Eastern Trust has ratios of 1:25 in the Ulster Hospital, 1:18 in Lagan Valley Hospital and 1:8 in Downpatrick where at the time of the review no intrapartum care was provided. There are currently four midwives undertaking a course at the Queens University Belfast and there are more places commissioned for the future. The Trust is actively targeting junior midwives to train as supervisors of midwives due to the age profile of the existing midwifery workforce.

DHSSPS Recommendation 10.

Regular review of staff and skill mix should be undertaken to ensure that there are adequate staffing levels to address and meet the needs of the service.

The system used to calculate midwifery staffing levels is the Telford system. The Assistant Director regularly requests reports from all areas in regards to staffing levels and there is an ongoing workforce planning review undertaken by the Assistant Director of Nursing.

The review team found that staffing levels were regularly reviewed and had been fully audited in 2005 however it was felt that as some time had passed that a further review should be undertaken. The trust was also engaged in the introduction of maternity support workers and registered nurses for work in theatres. It was also noted that administrative staff are being trained in the use of the NIMATS system.

Across the trust junior medical staff and middle grade doctors are European Working Time Directive compliant. Specialist registrars (SpR) are just short of compliance but the trust has asked for an additional SpR to make them compliant.

DHSSPS Recommendation 11.

Midwives should be trained to insert IV cannulae and administer IV antibiotics.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 12.

Midwifery staff should rotate regularly to maintain their skills and knowledge. This applies particularly to permanent night staff.

Rotation of staff is embedded within the culture of the trust and staff are flexible to work in all areas. The Head of Midwifery and ward managers meet and work out the rotation on a quarterly basis. All staff, day and night are rotated, with junior staff rotating regularly to experience all areas within two years. All community and specialist midwives rotate to labour ward annually for a minimum of 75 hours. Lagan Valley staff work in all areas dependent on workload, with junior/ new staff being specifically rotated to cover all areas of maternity care.

The review team confirmed there are no contracts for permanent night staff but some staff prefer to be rostered for nights, however, they also work day duties as bank staff. There are no staff members who permanently work nights. The trust does monitor staff shifts and hours worked but there is no need to make the rotation mandatory. Training of staff who work on night duty is also monitored.

DHSSPS Recommendation 13.

Trusts should consider developing a high dependency area in the labour ward for ill or potentially ill women who do not need intensive care. Midwives should be trained to support these women.

There is a 3 bedded recovery area in the Ulster site with access to ICU and HDU beds for very ill women. This area in the obstetric unit, staffed from the labour ward, should perhaps be termed 'higher dependency' rather than 'high dependency'. The skills and competencies of midwives are maintained by:

- high dependency care model - some staff
- Beeches training
- skills and drills e.g. Pre-eclampsia

There are two practice development midwives on each site and there is provision of Advanced Life Support Training in Obstetrics (ALSO) and Acute Life threatening Events Recognition and Treatment (ALERT) training for midwifery staff on each site.

Lagan Valley Hospital manages low to medium risk only, patients requiring unexpected HDU care are initially managed within labour ward and then transferred to ICU.

Across the trust the review team found evidence of team work and inclusiveness, for example if invasive monitoring is needed the anaesthetist would use this as an opportunity to train midwives. The trust is also setting up a training course, specific to high dependency, for midwives.

DHSSPS Recommendation 14.

Staff should be trained in the proper use of Physiological Early Warning Scores including adding scores at each set of observations, acting on the score and documenting actions taken.

The trust introduced the Modified Obstetric Early Warning System (MEOWS) pilot in December 2008 with a plan roll this out to all patients by April 2009. Each chart is audited, staff training is ongoing and it has been identified that due to the complexities of maternity care there has been some duplication of charts. The governance midwife participates in a trust group responsible for reviewing MEOWs and is also developing an observation policy.

DHSSPS Recommendation 15.

Trusts should review all observation charts to ensure that there is no duplication of observation charts which could increase the risk to the patient.

The review team did not review this recommendation in the South Eastern Trust

DHSSPS Recommendation 16.

Staff should be aware that snoring can be indicative of partial airway obstruction caused by opiates, anaesthetic or sedative drugs or alcohol.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 17.

Trusts should ensure consistent use of Patient Controlled Analgesia infusers including producing guidelines and training staff in their use.

The trust reported having a policy on the management of patient controlled analgesia and for Remifentanil² patient controlled analgesia for labour. Staff training is ongoing and is recorded.

DHSSPS Recommendation 18.

Trusts must ensure that the guidelines, as outlined in HSS(MD) 06/2006, on the need to retain clinical equipment that was attached to a patient in the event of his/her death becoming a Coroner's case are fully implemented.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 19.

Drugs that are prescribed should be given. Any reasons for not giving a prescribed drug must be recorded.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 20.

Trusts should review their pain relief policies and procedures to ensure effective analgesia is maintained especially during transfer of an acutely ill patient to another unit.

This recommendation was not specifically addressed as part of the review.

DHSSPS Recommendation 21.

Units must have adequate cartridges for blood testing. Feasibility of near patient testing for some samples e.g. haemoglobin, electrolytes, blood gases, should be considered.

This recommendation was not specifically addressed as part of the review.

² A potent ultra short acting synthetic opioid analgesic drug

DHSSPS Recommendation 22.

Patients who are significantly unwell should have care led by a single consultant. Any change in lead consultant, either within a unit or on transfer between units, should include clear handover and discussion of the patient's management plan at the senior level of consultant to consultant.

In relation to internal transfers at the Ulster Hospital there is a clear policy for the transfer of women from the home from home unit to the obstetric unit. This means there is no need for consultant involvement or any associated delays in the decision to transfer.

DHSSPS Recommendation 23.

Ill patients require multidisciplinary input and good liaison between different specialities. A system should be in place to ensure that requests for opinions on seriously unwell patients are responded to promptly by all specialities.

The trust demonstrated excellent multiprofessional working in the care of ill patients. Further detail on this issue is described in the analysis at standard 7.

DHSSPS Recommendation 24.

Families of seriously ill patients should have a single designated point of contact with medical staff to ensure clear, consistent and up to date information is given. Information given to relatives should be recorded.

The trust has the single point of contact for the family which would be the consultant on call for the labour ward, who is responsible for women's care and/or a consultant anaesthetist. Any discussions with the patient or her family are documented in the hand held maternity records.

DHSSPS Recommendation 25.

Individual staff performance reviews must be conducted and monitored on an annual basis.

The trust has a yearly PDCR process in place. Medical review/appraisal process is carried out as per the RQIA review of medical appraisal and this is monitored monthly by Human Resources.

The training and clinical support of midwifery staff is now tied in with supervision and appraisal arrangements and includes mandatory CPR and K2 CTG training. This is currently in place at the Ulster Hospital and will be rolled out to Lagan Valley. If staff have not completed K2 training within the year their supervision, to work in the labour ward, will not be signed off.

DHSSPS Recommendation 26.

Trusts should follow a single process for reporting and investigating incidents. Staff should be clear about what should be reported and when and how to report an adverse incident.

The trust has a risk management policy in place. A governance midwife and a consultant lead for risk are in post to ensure continuous assessment of risk through staff awareness of the risk triggers, which are posted in all areas. They also encourage an open and honest culture within the trust to support staff to report incidents.

DHSSPS Recommendation 27.

Investigations should be coordinated by the governance department with a responsible lead in the clinical area whose role it is to ensure timely collation of statements and reports.

Investigations are coordinated by the governance department. Further detail on this issue is discussed in the analysis of standard 1.

DHSSPS Recommendation 28.

Debriefing of all staff involved in serious clinical incidents should happen as soon as possible after the incident and should be a routine part of the governance process. This will enable staff to talk about what happened, share their anxieties and receive mutual support from colleagues who were involved.

Staff reported that there are good mechanisms for feedback following serious clinical incidents. The appointments of the clinical governance midwife has helped in shaping a constructive culture around incident reporting.

DHSSPS Recommendation 29.

Staff should be trained in the importance of documenting their own involvement, in the form of a written report, as soon as they hear of an adverse outcome.

All staff are aware of their responsibilities in relation to recording in the event of a serious adverse incident.

DHSSPS Recommendation 30.

Staff must be supported and be given feedback regarding the outcomes of serious adverse incidents.

The recently appointed clinical governance midwife is responsible for the incident reporting mechanism and reviews all incidents reported. There are monthly multiprofessional meetings to review incidents, identify emerging trends and to develop action plans. New protocols and guidelines are presented at multidisciplinary staff meetings which provide a forum where learning points are fed back to staff within the directorate. Staff are given advance notice of

meetings to promote good attendance. Cases are presented by senior house officers or midwives and are also fed back to ward managers to allow the learning to be cascaded to all staff.

DHSSPS Recommendation 31.

Patients and their family require timely, sensitive communication during and after any incident. This should be coordinated through one member of clinical staff.

This recommendation was not specifically addressed as part of the review.

Chapter 6: Survey of mothers' experience of labour and giving birth in hospital

Methodology

In April 2009, RQIA carried out a survey of mothers who had given birth in hospitals in Northern Ireland. The aim was to build a picture of mothers' experience in maternity units to inform the review process. The survey methodology was designed following discussion with representatives of maternity liaison groups, midwives and health visitors.

Trusts agreed that health visitors would distribute questionnaires to mothers at their 16 week health assessment for return to RQIA. The members of the review team are very grateful to trust staff for their involvement in distributing the questionnaires and to the 34 mothers who gave birth in the South Eastern Health and Care Trust who took time to complete and return them.

Summary

When asked how content they had been with their overall birth experience they had in South Eastern Health and Care Trust hospitals, **53%** of the 34 women who responded to this question replied that they were **completely content** and an additional **27%** were **very content**. This indicates a high level of satisfaction by mothers with the care they received.

Please rate, during your labour and birth						
	Completely	Very	Somewhat	Slightly	Not at all	N/A, don't know or can't remember
To what extent did you feel you were given the information you needed about options, pain relief and interventions (e.g. breaking waters, monitoring, forceps delivery)?	61.8% (21)	26.5% (9)	11.8% (4)	0% (0)	0% (0)	0% (0)
To what extent did you feel listened to?	58.8% (20)	26.5% (9)	11.8% (4)	2.9% (1)	0% (0)	0% (0)
To what extent did you feel you and your birthing partner(s) were treated with respect and dignity?	82.4% (28)	17.6% (6)	0% (0)	0% (0)	0% (0)	0% (0)
To what extent did you feel your wishes were respected and accommodated?	76.5% (26)	14.7% (5)	5.9% (2)	2.9% (1)	0% (0)	0% (0)
To what extent did you feel your religious and cultural beliefs were respected and accommodated?	74.2% (23)	3.2% (1)	0% (0)	0% (0)	0% (0)	22.2% (10)
To what extent did you feel you were kept regularly informed about your care?	67.6% (23)	17.6% (6)	11.8% (4)	2.9% (1)	0% (0)	0% (0)
To what extent did you have confidence and trust in the staff caring for you during labour and birth?	78.8% (26)	18.2% (6)	0% (0)	3.0% (1)	0% (0)	0% (0)

Table 3: The staff caring for you (source: Mothers' experience survey)

Table 3 above sets out the responses of mothers when they were asked to rate a number of factors relating to how they felt they were treated during labour. In general the responses demonstrate high levels of satisfaction among mothers about these aspects of care and confidence and trust in the staff who provided the care.

Over three-quarters of mothers were completely satisfied with the opportunity for skin-to-skin contact immediately after birth. The majority of mothers who responded to the survey stated a complete satisfaction with the cleanliness, homeliness, comfort, privacy, level of heating and lighting, the choice of comfort and birthing aids and the space to move about and change position in the delivery suite.

The majority of mothers in the South Eastern Health and Care Trust area said they were completely satisfied about the extent to which they were given information, listened to, treated with respect and dignity, had their wishes and religious and cultural beliefs respected and accommodated and kept regularly informed about their care. **Seventy-nine percent of women said they had complete confidence and trust in the staff caring for them.**

Forty-seven percent of mothers reported that they breastfed their baby while still in the delivery suite and a further 18% bottle fed their baby in the delivery suite. **The majority of women** (between 74% and 83%) who responded said they **were either completely or very satisfied that those caring for them gave consistent advice, practical help, active support and encouragement, information or explanations needed and the opportunity to be involved in decisions.**

The Royal College of Obstetricians and Gynaecologists' Standards for Maternity Care state that "facilities in birth settings should be at an appropriate standard and take account of the woman's needs and the views of service users by being less clinical, non-threatening and more home-like whenever possible"ⁱⁱⁱ. **Seventy-nine percent of mothers giving birth within the South Eastern Health and Care Trust responded that they were either completely or very satisfied** with this aspect of the delivery suite.

A selection of statements made by mothers who gave birth in South Eastern Health and Care Trust hospitals

We recognise that the number of returns for individual hospitals in some cases were small and may not be a representative sample. The following statements obtained from questionnaires are a selected sample only and should not be taken as being representative of the trust as a whole.

"Excellent felt very at ease - even better than my last labour in 2002 and that took some beating!!"

"I had an emergency C section and I must say the staff and delivery were excellent in every way. I couldn't have asked for a better delivery considering my situation."

"Excellent facilities! I was in three days before and three after. Very comfortable and wonderful staff. Lots of birthing aids were available."

ⁱⁱⁱ The Royal College of Obstetricians and Gynaecologists. Standards for Maternity Care. 2008. London. RCOG Press. p32

"It took 15 minutes for the midwife to bring me my baby although there was nothing wrong with him, it took the anaesthetist to request that I see baby."

"I gave birth in the Home from Home at UHD, despite it being my first baby and found it to be excellent in all of the above aspects."

"Home to home facilities were excellent but room too warm."

"Found the delivery suite to be clinical looking, would have liked it to be more homely. Because it looked clinical I felt this made me more uptight and nervous."

"I was completely satisfied with the care I received in Lagan Valley and felt very comfortable in my surroundings."

"It was great to have a bath ready after birth and just down the hall and very private."

Chapter 7: Summary of Recommendations

Recommendations for the service across Northern Ireland

Standard 1 Organisation and documentation

- 1. The Northern Ireland Maternity Services Information System (NIMATS) should be implemented in all maternity units across Northern Ireland.**
- 2. All trusts should prepare an annual programme of audit activity in relation to maternity services and publish an annual report on the audit results which should be disseminated to members of the maternity team.**
- 3. All trusts should ensure the harmonisation of policies and guidelines from those used by their legacy trusts and ensure that there are effective mechanisms to disseminate them to staff.**
- 4. All trusts should review their structures and processes for the reporting and analysis of incidents and near misses in maternity services and ensure there is effective and timely feedback on a multidisciplinary basis.**
- 5. All trusts should consolidate induction, training and practice in respect of written and electronic record keeping across all disciplines involved in providing maternity services and carry out regular audits of records.**

Standard 2 Multidisciplinary Working

- 6. Each trust should ensure that the terms of reference of its labour ward forums are clearly defined and that there are mechanisms for user involvement. Where there is more than one labour ward forum in a particular trust, steps should be taken to ensure regular communication between them.**

Standard 4 Staffing levels

- 7. The HSC Board and trusts should consider the adoption of a single assessment tool for midwifery staffing across Northern Ireland and the frequency with which it should be applied.**
- 8. All trusts should review their senior and junior medical staffing for maternity units in relation to the Safer Childbirth Standards in conjunction with the HSC Board, DHSSPS and Northern Ireland Medical and Dental Training Agency (NIMDTA).**

Standard 5 Leadership

- 9. DHSSPS should develop a specific policy on the development of the role of consultant midwives across Northern Ireland, in line with its policy on the introduction of midwifery-led units.**

Standard 6 Core Responsibilities

- 10. All trusts should aim to have a consultant present for a physical ward round as appropriate and at least twice a day during Saturdays, Sundays and bank holidays.**

Standard 7 Emergencies and transfers

- 11. All trusts should have formalised written agreements in place with the Northern Ireland Ambulance Service on attendance at emergencies or when transfer is required.**
- 12. Trusts who do not have dedicated 24 hour anaesthetic services should review their cover arrangements to ensure that there will be no delay in carrying out an emergency caesarean section.**

Standard 8 Training and education

- 13. All trusts must work to achieving an appropriate balance between managing rotas and providing protected time for training opportunities, for medical staff.**
- 14. All trusts must ensure records of staffs attendance at mandatory and other training sessions are regularly reviewed and that line managers are made aware of the reasons for non-attendance at mandatory training.**
- 15. All trusts should establish a skills inventory for midwifery staff.**

Standard 9 Environment and Facilities

- 16. The proposed plan for the new maternity unit at the Royal Jubilee site should be revisited to take account of increased throughput and of the potential for further increases in activity as a consequence of the plans to re-profile maternity services on the Lagan Valley Hospital site, which may impact on referrals to the Belfast Trust.**
- 17. All Trusts should explore further innovative ways to harness the views of service users and to utilise feedback from service users to bring about improvements in the birthing environment.**

Standard 10 Outcomes

- 18. All trusts should review their information needs for maternity services to ensure that they have systems to provide the data set out in the Safer Childbirth Standards and that this information is effectively shared with staff.**
- 19. The DHSSPS, Business Services Organisation (BSO) and trusts should work together to develop the capabilities of the NIMATS system and ensure that**

appropriate information is readily available on clinical outcomes as set out in the Safer Childbirth Standards.

Other recommendations

- 20. DHSSPS should consider the development of a strategy for the future development of maternity services in Northern Ireland reflecting increasing birth rate trends, changes in working patterns and developments in obstetric and midwifery practice.**

South Eastern Trust recommendations

Standard 9: Environment and Facilities

1. The Trust should consider the viability of having a reception room for those women who require elective caesarean section or induction of labour.

Appendices

Appendix 1 Departmental Circular DH1/08/133883

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MINISTRE O

**Poustie, Resydènter Heisin
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For action:

Chief Executives HSC Trusts for dissemination to:
Senior Management Team
Heads of Governance
Director of Maternity Services
Clinical Directors

Chief Executives HSS Boards for dissemination to:
Senior Management Team

For information:

Head of School of Nursing & Midwifery, QUB
Head of School of Nursing, UU
Head of Nursing Education, Open University
Chief Executive, NIPEC
Local Authority Supervising Midwifery Officer
Chief Executive, Regulation & Quality Improvement Authority
Chair, Safety Forum

Your Ref:
Our Ref: DH1/08/133883
Date: 24 October 2008

Dear Colleagues

LESSONS FROM INDEPENDENT REVIEWS OF MATERNAL DEATHS AND MATERNITY SERVICES

Attached is a summary of the key recommendations from three independent review reports. To minimise the risk of recurrence, it is important that the lessons and recommendations from these reviews are adopted and applied by all Trusts. While some recommendations are specific to maternity services, many apply to all clinical services.

Action for Trust Chief Executives

Please ensure that these recommendations are implemented in your Trust.

Action for Board Chief Executives

Please assure yourselves that your main provider Trust has implemented these recommendations. Please advise us by 28 February 2009 that you have obtained that assurance.

Yours sincerely

Dr Michael McBride
Chief Medical Officer

Mr Martin Bradley
Chief Nursing Officer

Enc

Working for a Healthier People

